

PP Denied To AR  
POSTPONEMENT

December 21, 2010

DOE, JOHN  
TEST STREET  
SACRAMENTO

CA 95822

DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

YOU WERE GRANTED A POSTPONEMENT ON 12/10/10 .

YOUR REQUEST FOR ANOTHER POSTPONEMENT FOR YOUR HEARING SCHEDULED ON  
01/12/11 HAS BEEN DENIED FOR THE FOLLOWING CASE:

CASE NUMBER:

NAME:

ADDRESS:

CITY:

CA

COUNTY:

AID CATEGORY:

YOUR REQUEST FOR POSTPONEMENT WAS WITHOUT GOOD CAUSE. AS  
PROVIDED IN MANUAL OF POLICIES AND PROCEDURES SECTION 22-053  
GOOD CAUSE EXISTS DUE TO A

1. DEATH IN THE FAMILY.
2. PERSONAL ILLNESS OR INJURY.
3. SUDDEN AND UNEXPECTED EMERGENCIES.
4. CONFLICTING COURT APPEARANCE WHICH CANNOT BE POSTPONED.
5. UNAVAILABILITY OF THE REQUIRED COUNTY POSITION STATEMENT.

STATE HEARINGS DIVISION

SHSM430L

POSTPONEMENT LETTERS #7

CASE NUMBER: XXXXXXXXXX 37/00

April 11, 2011

XXXXXX, XXXXX  
XXXX X XX  
XXX XXXXX

XX XXXXX

DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

YOU WERE GRANTED A POSTPONEMENT ON XX/XX/XX .

YOUR REQUEST FOR ANOTHER POSTPONEMENT FOR YOUR HEARING SCHEDULED ON  
XX/XX/XX HAS BEEN DENIED.

YOUR REQUEST FOR POSTPONEMENT WAS WITHOUT GOOD CAUSE. AS  
PROVIDED IN MANUAL OF POLICIES AND PROCEDURES SECTION 22-053  
GOOD CAUSE EXISTS DUE TO A

1. DEATH IN THE FAMILY.
2. PERSONAL ILLNESS OR INJURY.
3. SUDDEN AND UNEXPECTED EMERGENCIES.
4. CONFLICTING COURT APPEARANCE WHICH CANNOT BE POSTPONED.
5. UNAVAILABILITY OF THE REQUIRED COUNTY POSITION STATEMENT.

STATE HEARINGS DIVISION

SHSM430K

POSTPONEMENT LETTERS #7

CASE NUMBER: XXXXXXXXXX 01/00

April 11, 2011

XXXXXXXX, XXXX  
XXXX XX XXXX XX, XX  
XXXXXXX XX XXXXX

DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

YOU WERE GRANTED A POSTPONEMENT FOR YOUR HEARING SCHEDULED ON XX/XX/XX REQUESTED ON XX/XX/XX .

BECAUSE THE HEARING WAS POSTPONED AT YOUR REQUEST, THE TIME FOR ISSUING A DECISION IN YOUR CASE WILL BE EXTENDED. IF YOUR CASE INVOLVES ONLY FOOD STAMPS, THE TIME FOR ISSUING A DECISION WILL BE EXTENDED BY THE SAME NUMBER OF DAYS AS THE HEARING IS POSTPONED. IF YOUR CASE INVOLVES OTHER PROGRAMS (SUCH AS CW , MEDI-CAL, SOCIAL SERVICES OR REFUGEE BENEFITS) THE TIME FOR ISSUING A DECISION WILL BE EXTENDED NO MORE THAN 30 DAYS FOR EACH POSTPONEMENT.

YOUR HEARING WILL BE RESCHEDULED AT THE EARLIEST POSSIBLE DATE. YOU WILL BE NOTIFIED IN WRITING OF THE EXACT TIME, DATE, AND PLACE OF YOUR SCHEDULED HEARING NO LATER THAN 10 DAYS PRIOR TO THE HEARING.

THIS NOTICE IS REQUIRED BY MANUAL OF POLICIES AND PROCEDURES SECTION 22-053.

YOU MAY REQUEST ADDITIONAL POSTPONEMENTS. HOWEVER, YOU ARE REQUIRED TO ESTABLISH GOOD CAUSE FOR EACH ADDITIONAL POSTPONEMENT. IF YOU REQUEST AN ADDITIONAL POSTPONEMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES MAY REQUEST VERIFICATION FROM YOU TO SUPPORT THE REASON WHY YOU CANNOT ATTEND THE HEARING ON THE RESCHEDULED DATE.

YOUR AUTHORIZED REPRESENTATIVE(S) HAS BEEN NOTIFIED.

STATE HEARINGS DIVISION

SHSM430A

PP AIR  
70  
A.R. POSTPONEMENT LETTERS #7

April 11, 2011

XXXXXXXXXX  
XXX X XXXXXXXX XX, XXXX  
XXXXXXXXXX XX XXXXX

DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

YOU WERE GRANTED A POSTPONEMENT FOR YOUR HEARING SCHEDULED ON XX/XX/XX  
REQUESTED ON XX/XX/XX FOR THE FOLLOWING CASE:

CASE NUMBER: XXXXXXXXXX 01/00  
NAME: XXXXXXXX, XXXL COUNTY: XXXXXXXX  
ADDRESS: XXXX XX XXXXXXXX, XX AID CATEGORY: XX  
CITY: XXXXXXXX XX XXXXX

BECAUSE THE HEARING WAS POSTPONED AT YOUR REQUEST, THE TIME FOR  
ISSUING A DECISION IN YOUR CASE WILL BE EXTENDED. IF YOUR CASE INVOLVES  
ONLY FOOD STAMPS, THE TIME FOR ISSUING A DECISION WILL BE EXTENDED BY THE  
SAME NUMBER OF DAYS AS THE HEARING IS POSTPONED. IF YOUR CASE INVOLVES  
OTHER PROGRAMS (SUCH AS CW, MEDI-CAL, SOCIAL SERVICES OR REFUGEE  
BENEFITS) THE TIME FOR ISSUING A DECISION WILL BE EXTENDED NO MORE THAN  
30 DAYS FOR EACH POSTPONEMENT.

YOUR HEARING WILL BE RESCHEDULED AT THE EARLIEST POSSIBLE DATE. YOU WILL  
BE NOTIFIED IN WRITING OF THE EXACT TIME, DATE, AND PLACE OF YOUR  
SCHEDULED HEARING NO LATER THAN 10 DAYS PRIOR TO THE HEARING.

THIS NOTICE IS REQUIRED BY MANUAL OF POLICIES AND PROCEDURES SECTION 22-053.

YOU MAY REQUEST ADDITIONAL POSTPONEMENTS. HOWEVER, YOU ARE REQUIRED TO  
ESTABLISH GOOD CAUSE FOR EACH ADDITIONAL POSTPONEMENT. IF YOU REQUEST  
AN ADDITIONAL POSTPONEMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES MAY  
REQUEST VERIFICATION FROM YOU TO SUPPORT THE REASON WHY YOU CANNOT ATTEND  
THE HEARING ON THE RESCHEDULED DATE.

STATE HEARINGS DIVISION

SHSM430B

CASE NUMBER: XXXXXXXXXX XX/XX

*Grant*  
April 11, 2011

XXXXX, XXXXX  
XXXXXXXXX, XXXXXXXX  
XXX X XXXXX X XXX  
XXXXXXXXX

XX XXXXX

STATE of CALIFORNIA  
DEPARTMENT of SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

ORIGINAL HEARING DATE: XX/XX/XX

This letter is to confirm that on XX/XX/XX you were granted a reopening of your State Hearing.

Your hearing will be rescheduled as soon as administratively possible. You will be notified of the date, time, and location for the hearing in a separate letter.

If this is a reopening of an appeal that you withdrew, at the scheduled hearing the Administrative Law Judge will determine if your request to reopen the case is timely to reconsider the issues.

*To claim*

STATE HEARINGS DIVISION

SHSM455A

REOPEN LETTERS A.R. #10

April 11, 2011

XXXXXXX, XXXXXXX  
XXXX XXXXXX XXXXX  
XXXXXXX

XX XXXXX

STATE of CALIFORNIA  
DEPARTMENT of SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

TO [Signature]

This letter is to confirm that on XX/XX/XX you were granted a reopening of your State Hearing for the following case:

CASE NUMBER: XXXXXXXXXXXX XX/XX  
NAME: XXXXXXXX, XXXXXX XXXXXX  
ADDRESS: XXXXX XXXXX XXXX XX.  
CITY: XXXXXX XXXXXX XX XXXXX

ORIGINAL HEARING DATE: XX/XX/XX  
COUNTY: XXXX

The hearing will be rescheduled as soon as administratively possible. You will be notified of the date, time, and location for the hearing in a separate letter.

STATE HEARINGS DIVISION

SHSM455B

REOPEN LETTERS CLAIMANT#9

Denial

CASE NUMBER: >XXXXXXXXX >XXXXX

>XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX >XX >XXXXX

STATE of CALIFORNIA  
DEPARTMENT of SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
1-800-743-8525

ORIGINAL HEARING DATE: >XXXXXXX

This is in response to your recent request to reinstate your state hearing.

You failed to attend your state hearing scheduled >XXXXXXX in >XXXXXXXXXX county.

Upon review, it has been determined that you did not have good cause within the meaning of MPP Section 22-0523.16 for failing to appear at your scheduled hearing. Therefore, the hearing will not be rescheduled and your request shall be considered abandoned.

You may request reconsideration of this determination by writing within 15 days from the date of this letter to the Chief Administrative Law Judge, Department of Social Services, 744 P Street, MS 9-17-37, Sacramento, CA 95814.

YOUR AUTHORIZED REPRESENTATIVE(S) HAS BEEN NOTIFIED.

STATE HEARINGS DIVISION

SHSM455C

*Denial*

>XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXX >XX >XXXXX

STATE of CALIFORNIA  
 DEPARTMENT of SOCIAL SERVICES  
 744 P STREET, MS 9-17-37  
 SACRAMENTO, CALIFORNIA 95814  
 1-800-743-8525

This is in response to your recent request to reinstate a Fair Hearing  
 for the following case:

CASE NUMBER: >XXXXXXXXX >XXXXX ORIGINAL HEARING DATE: >XXXXXXX  
 NAME: >XXX COUNTY: >XXXXXXXXXXXXXXXXX  
 ADDRESS: >XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 CITY: >XXXXXXXXXXXXXXXXXXXXX >XX >XXXXX

You failed to attend the state hearing scheduled >XXXXXXX in >XXXXXXXXXXXXX  
 County.

Upon review, it has been determined that you did not have good cause within  
 the meaning of MPP Section 22-0523.16 for failing to appear at your schedule  
 hearing. Therefore, the hearing will not be rescheduled and your request  
 shall be considered abandoned.

You may request reconsideration of this determination by writing within 15  
 days from the date of this letter to the Chief Administrative Law Judge,  
 Department of Social Services, 744 P street, MS 9-17-37, Sacramento, CA 95814.

STATE HEARINGS DIVISION

SHSM455D



## Hearing No.

In the Matter of Claimant(s):

# DECISION <sup>(1)</sup>

TB claim  
- need AR copy

Pursuant to the authority of the Director,  
I adopt this final decision.

Manuel O. Pernales

Adopt Date: October 21, 2010

Manuel A. Romero, Chief Administrative Law Judge

State Hearing Record

Hearing Date: February 21, 2001

Release Date: October 21, 2010

Issue Codes: < 207-2 > < > < >

Agency:

Agency 2:

Authorized Rep.  
Organization:

Authorized Rep:

SSN:

Language:

Case Name:

AKA:

## Appeal Rights

If you have a good reason for failing to attend the hearing, you may ask for a new hearing by mailing a written request to CDSS, PO Box 944243, MS 9-17-37, Sacramento, CA 95814 or by calling (800) 743-8525 (TDD 800-952-2929) within 15 days after you receive this decision. If you establish good cause for failing to attend the hearing, a new hearing will be scheduled. You may contact Legal Services for assistance.

You may ask for judicial review of this decision by filing a petition in Superior Court under Code of Civil Procedure Section 1094.5 within one year after you receive this decision. You may file this petition without asking for a rehearing. No filing fees are required. You may be entitled to reasonable attorney's fees and costs if the Court renders a final decision in your favor. You may contact Legal Services for assistance.

This decision is protected by the confidentiality provisions of Welfare and Institutions Code Section 10850.

# 11  
Non Applicable  
Dec  
(2)

## S U M M A R Y

The claimant's hearing request was abandoned and is dismissed. (2)  
< > < > < > < >

## F A C T S

The claimant's hearing request was filed on the following date(s):  
December 19, 2000

This hearing request concerns the following benefit(s):  
Food Stamps

This request was filed against the following agency(ies):  
COUNTY

A hearing was scheduled for 2:30 PM on February 21, 2001 in  
county, California. Notice of the scheduled hearing was  
mailed to the claimant's address of record and was not returned in the mail.

The claimant did not request a postponement on or before the date of the  
scheduled hearing. The claimant did not attend the scheduled hearing in  
person or by an authorized representative.

## L A W

A request for hearing shall be dismissed by written decision if it is  
abandoned. The claimant shall have the right to request the dismissal  
decision be set aside and have a new hearing if good cause is established  
for not attending the hearing. Such request must be made within 15 days of  
the date the dismissal decision is received. CDSS Manual of Policies and  
Procedures (MPP) Section 22-054.22, effective January 24, 2007.

## C O N C L U S I O N

As the claimant did not request a postponement or attend the scheduled  
hearing in person or by an authorized representative, it is held that the  
claimant's hearing request was abandoned. Accordingly, the claimant's  
hearing request is dismissed.

## O R D E R

The claim is dismissed.

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
744 P STREET  
SACRAMENTO, CALIFORNIA 95814

COMPLIANCE LETTERS  
JULY 08, 1998

Don't currently  
do  
- But still in  
regs that  
we should

CASE NUMBER: XXXXXXXX

07

XXXXXXX, XXXXXXX

XXXX XXXXXXXXXX XXX

XXXXXXX

XX XXXXX

THE COUNTY HAS NOTIFIED THIS DEPARTMENT THAT THEY HAVE COMPLIED WITH YOUR  
STATE HEARING DECISION.

IF YOU BELIEVE THE COUNTY DID NOT FULLY COMPLY WITH YOUR DECISION, YOU SHOULD  
FIRST CONTACT THE COUNTY TO DISCUSS YOUR CONCERNS. IF AFTER CONTACTING THE  
COUNTY YOU STILL HAVE QUESTIONS OR CONCERNS YOU MAY CALL THIS DEPARTMENT  
COLLECT AT (916) 229-4147.

SINCERELY,

JOHN R. CASTELLO, CHIEF ADMINISTRATIVE LAW JUDGE

EL CONDADO LE HA NOTIFICADO A ESTE DEPARTAMENTO QUE A CUMPLIDO CON LA  
DECISION DE SU AUDIENCIA ESTATAL.

SI USTED CREE QUE EL CONDADO NO A CUMPLIDO TOTALMENTE CON SU DECISION,  
PRIMERO COMUNICASE CON EL CONDADO PARA DISCUTIRLO. SI TODAVIA TIENE  
PREGUNTAS TOCANTE A SU CASO DESPUES DE CONTACTAR AL CONDADO, PUEDE LLAMAR  
POR COBRAR A ESTE DEPARTAMENTO A (916) 229-4147.

SINCERAMENTE,

JEFE DE JUECES DE LEYES ADMINISTRATIVAS.

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37.  
SACRAMENTO, CALIFORNIA 95814

VERBAL-WITHDRAWAL LETTERS #2  
APRIL 07, 2011

To claim

CASE NUMBER: XXXXXXXX

01

WKR XXX

+ we need

To claim

A/R

CASE NAME: XXXXXX, XXXXX  
XXXXX XXXXXXXX XXXXXX XXXX  
XXX XXXXXXXX XX XXXXX

THIS OFFICE HAS BEEN ADVISED THAT YOU HAVE VERBALLY WITHDRAWN FROM YOUR HEARING SCHEDULED FOR APRIL 7, 2011. WE HAVE ACCEPTED THIS AS A WITHDRAWAL AND THIS LETTER WILL SERVE AS WRITTEN CONFIRMATION OF THE WITHDRAWAL. THEREFORE, WE WILL NOT RESCHEDULE A HEARING FOR YOU BASED ON YOUR ORIGINAL REQUEST.

IF THIS WITHDRAWAL IS NOT CORRECT, YOU MUST CONTACT STATE HEARINGS WITHIN FIFTEEN (15) DAYS OF THE DATE OF THIS LETTER AT 1-800-743-8525 TO RESCHEDULE A HEARING BASED ON YOUR ORIGINAL REQUEST. IF YOU DO NOT CONTACT US WITHIN FIFTEEN (15) DAYS OF THE DATE OF THIS LETTER, YOU MAY FILE A NEW HEARING REQUEST ON THE SAME ISSUE, PROVIDED THE REQUEST IS FILED WITHIN 90 DAYS OF THE ORIGINAL ACTION.

STATE HEARINGS DIVISION

SE LE HA NOTIFICADO A ESTA OFICINA QUE USTED VERBALMENTE PRESENTO UNA RETIRADA PARA SU AUDIENCIA PROGRAMADA PARA ABRIL 7, 2011. HEMOS ACEPTADO ESTO COMO UNA RETIRADA Y ESTA CARTA SERVIRA COMO UNA CONFIRMACION ESCRITA DE LA RETIRADA. POR LO TANTO, NO PROGRAMAREMOS OTRA AUDIENCIA PARA USTED EN BASE A SU PETICION ORIGINAL.

SI ESTA RETIRADA NO ES CORRECTA, USTED TIENE QUE COMUNICARSE AL 1-800-743-8525 CON LA DIVISION DE AUDIENCIAS ESTATALES, ANTES DE QUE PASEN QUINCE (15) DIAS A PARTIR DE LA FECHA DE ESTA CARTA, PARA PROGRAMAR OTRA AUDIENCIA EN BASE A SU PETICION ORIGINAL. SI NO SE COMUNICA CON NOSOTROS ANTES DE QUE PASEN QUINCE (15) DIAS A PARTIR DE LA FECHA DE ESTA CARTA, USTED PUEDE PRESENTAR UNA NUEVA PETICION PARA UNA AUDIENCIA PARA TRATAR EL MISMO ASUNTO, SIEMPRE Y CUANDO LA PETICION SE PRESENTE ANTES DE QUE PASEN NOVENTA (90) DIAS A PARTIR DE LA FECHA DE LA ACCION ORIGINAL.

DIVISION DE AUDIENCIAS ESTATALES

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37.  
SACRAMENTO, CALIFORNIA 95814

COND-VERBAL-WITHDRAWAL LETTERS #3  
APRIL 07, 2011

To Claim

CASE NUMBER: XXXXXXXX

07

WKR XXX

CASE NAME: XXXXX, XXXX  
XXXX X XXX XXXXXX  
XXXXXXX XX XXXXX

THIS OFFICE HAS BEEN ADVISED THAT YOU HAVE AGREED TO A VERBAL CONDITIONAL WITHDRAWAL FROM YOUR HEARING SCHEDULED FOR MARCH 15, 2011 SO THAT THE COUNTY MAY RECONSIDER YOUR CASE. THE COUNTY SHOULD SEND YOU A CONDITIONAL WITHDRAWAL FORM TO SIGN. AFTER THE FORM IS SIGNED, THE COUNTY WILL ISSUE A REDETERMINATION NOTICE WITHIN THIRTY (30) DAYS. IF YOU ARE NOT SATISFIED WITH THE COUNTY'S REDETERMINATION OF YOUR CASE, YOU HAVE NINETY (90) DAYS OF THE DATE OF THE COUNTY NOTICE TO REQUEST A REOPENING OF YOUR HEARING. UPON RECEIPT OF YOUR REQUEST TO REOPEN, WE WILL SCHEDULE A STATE HEARING FOR YOU.

IF YOU HAVE ANY QUESTIONS, OR YOU WOULD LIKE TO RENEW YOUR REQUEST FOR A STATE HEARING, PLEASE CONTACT A DEPARTMENTAL REPRESENTATIVE IN WRITING AT THE ABOVE ADDRESS OR CALL TOLL FREE AT 1-800-743-8525.

STATE HEARINGS DIVISION

ALSO NOTIFIED: XXXX, XXXXX

SE LE HA NOTIFICADO A ESTA OFICINA QUE USTED ESTA VERBALMENTE DE ACUERDO A UNA RETIRADA CONDICIONAL DE SU AUDIENCIA PROGRAMADA PARA MARZO 15, 2011 PARA QUE EL CONDADO RECONSIDERE SU CASO. EL CONDADO LE ENVIARA UN FORMULARIO DE RETIRADA CONDICIONAL PARA QUE LO FIRME. DESPUES QUE FIRME EL FORMULARIO, EL CONDADO EMITIRA OTRA NOTIFICACION DE DETERMINACION SOBRE SU CASO ANTES DE QUE PASEN TREINTA (30) DIAS. SI NO ESTA SATISFECHO(A) CON LA REDETERMINACION DE SU CASO, USTED TIENE NOVENTA (90) DIAS A PARTIR DE LA FECHA DE LA NOTIFICACION DEL CONDADO PARA SOLICITAR QUE SE VUELVA A ABRIR LA AUDIENCIA. UNA VEZ QUE SE RECIBA SU PETICION PARA QUE SE VUELVA A ABRIR LA AUDIENCIA, NOSOTROS PROGRAMAREMOS UNA AUDIENCIA CON EL ESTADO PARA USTED.

SI TIENE ALGUNA PREGUNTA, O SI LE GUSTARIA RENOVAR SU PETICION PARA UNA AUDIENCIA CON EL ESTADO, POR FAVOR COMUNIQUESE POR ESCRITO CON UN REPRESENTANTE DEL DEPARTAMENTO A LA DIRECCION QUE APARECE EN LA PARTE SUPERIOR DE ESTA CARTA O LLAME POR TELEFONO AL NUMERO GRATUITO 1-800-743-8525.

DIVISION DE AUDIENCIAS ESTATALES

TAMBIEN SE NOTIFICO A: XXXX, XXXXX

TO AP

XXXX, XXXX  
XXX XXXXXX XXXXXX XXXX  
XX XXXXXX XX, XXX XX  
XXXXXXXX XX XXXX

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814  
APRIL 07, 2011

THE DEPARTMENT OF SOCIAL SERVICES SCHEDULED A STATE HEARING FOR THE FOLLOWING PERSON WITH YOU DESIGNATED AS THE AUTHORIZED REPRESENTATIVE.

XXXXX, XXXX  
XXXX X XXX XXXXXX  
XXXXXXXX XX XXXX  
HEARING: XX/XX/XX AT XX:XX P.M.

CC  
XX

THIS OFFICE HAS BEEN ADVISED THAT YOU HAVE AGREED TO A VERBAL CONDITIONAL WITHDRAWAL FROM YOUR HEARING SCHEDULED FOR MARCH 15, 2011 SO THAT THE COUNTY MAY RECONSIDER YOUR CASE. THE COUNTY SHOULD SEND YOU A CONDITIONAL WITHDRAWAL FORM TO SIGN. AFTER THE FORM IS SIGNED, THE COUNTY WILL ISSUE A REDETERMINATION NOTICE WITHIN THIRTY (30) DAYS. IF YOU ARE NOT SATISFIED WITH THE COUNTY'S REDETERMINATION OF YOUR CASE, YOU HAVE NINETY (90) DAYS OF THE DATE OF THE COUNTY NOTICE TO REQUEST A REOPENING OF YOUR HEARING. UPON RECEIPT OF YOUR REQUEST TO REOPEN, WE WILL SCHEDULE A STATE HEARING FOR YOU.

IF YOU HAVE ANY QUESTIONS, OR YOU WOULD LIKE TO RENEW YOUR REQUEST FOR A STATE HEARING, PLEASE CONTACT A DEPARTMENTAL REPRESENTATIVE IN WRITING AT THE ABOVE ADDRESS OR CALL TOLL FREE AT 1-800-743-8525.

#### STATE HEARINGS DIVISION

EL DEPARTAMENTO DE SERVICIOS SOCIALES PROGRAMA UNA AUDIENCIA CON EL ESTADO PARA LA SIGUIENTE PERSONA HABIENDOSE DESIGNADO A USTED COMO REPRESENTANTE AUTORIZADO.

XXXXX, XXXX  
XXXX X XXX XXXXXX  
XXXXXXXX XX XXXX  
HORA DE LA AUDIENCIA: XX/XX/XX AT XX:XX P.M.

CC  
XX

SE LE HA NOTIFICADO A ESTA OFICINA QUE USTED ESTA VERBALMENTE DE ACUERDO A UNA RETIRADA CONDICIONAL DE SU AUDIENCIA PROGRAMADA PARA MARZO 15, 2011 PARA QUE EL CONDADO RECONSIDERE SU CASO. EL CONDADO LE ENVIARA UN FORMULARIO DE RETIRADA CONDICIONAL PARA QUE LO FIRME. DESPUES QUE FIRME EL FORMULARIO, EL CONDADO EMITIRA OTRA NOTIFICACION DE DETERMINACION SOBRE SU CASO ANTES DE QUE PASEN TREINTA (30) DIAS. SI NO ESTA SATISFECHO(A) CON LA REDETERMINACION DE SU CASO, USTED TIENE NOVENTA (90) DIAS A PARTIR DE LA FECHA DE LA NOTIFICACION DEL CONDADO PARA SOLICITAR QUE SE VUELVA A ABRIR LA AUDIENCIA. UNA VEZ QUE SE RECIBA SU PETICION PARA QUE SE VUELVA A ABRIR LA AUDIENCIA, NOSOTROS PROGRAMAREMOS UNA AUDIENCIA CON EL ESTADO PARA USTED.

SI TIENE ALGUNA PREGUNTA, O SI LE GUSTARIA RENOVAR SU PETICION PARA UNA AUDIENCIA CON EL ESTADO, POR FAVOR COMUNIQUESE POR ESCRITO CON UN REPRESENTANTE DEL DEPARTAMENTO A LA DIRECCION QUE APARECE EN LA PARTE SUPERIOR DE ESTA CARTA O LLAME POR TELEFONO AL NUMERO GRATUITO 1-800-743-8525.

DIVISION DE AUDIENCIAS ESTATALES

CASE NUMBER: XXXXXXXX

XX/XX

APRIL 07, 2011

XXXXXXXX, XXXXXX  
XXXXXXXX, XXXXXX  
XXXXX XXXXXXXXXXXX XX XXXXX  
XXXXXXXX XXXXX XX XXXXX

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
P.O. BOX 944243 MS 9-17-37  
SACRAMENTO, CALIFORNIA 94244-2430

-- BASED UPON YOUR REQUEST, YOUR CASE HAS BEEN SCHEDULED FOR STATE HEARING.

HEARING TIME: XX:XX P. M.

LOCATION: XXX XXXXXXXX XXXXXX XXXX  
XXX XXXXXXXX, XXXXX XXXXX  
LA COUNTY TO PREPARE AN S O P

DATE: XXXXX XX, 2011

AT YOUR HEARING YOU MAY SUBMIT A WRITTEN STATEMENT EXPLAINING YOUR POSITION. YOU SHOULD ALSO BRING ANY PAPERS YOU THINK ARE IMPORTANT. YOU MAY BRING WITNESSES TO TESTIFY FOR YOU OR STATEMENTS FROM PEOPLE WHO KNOW ABOUT YOUR SITUATION. IF YOUR APPEAL INVOLVES AN ACTION TAKEN BY THE COUNTY WELFARE DEPARTMENT, YOU ARE ALSO ALLOWED TO HAVE A COPY OF THE COUNTY'S POSITION STATEMENT BEFORE YOUR HEARING. YOU MAY PICK UP THE STATEMENT ANY TIME DURING BUSINESS HOURS IN THE TWO WORKING DAYS BEFORE YOUR DATE OF HEARING. IF THE POSITION STATEMENT IS NOT READY OR IF THE COUNTY CHANGES THE POSITION STATEMENT AFTER GIVING IT TO YOU, YOU HAVE THE RIGHT TO HAVE YOUR HEARING POSTPONED FOR GOOD CAUSE. THIS MEANS THAT YOUR HEARING WILL BE RESCHEDULED AND AID PAID PENDING YOU ARE RECEIVING WILL BE CONTINUED. YOU MAY PICK UP THE POSITION STATEMENT FROM YOUR APPEALS WORKER AT:

DISABILITY CASE. SOP WILL BE AVAILABLE AT  
THE ABOVE HEARING LOCATION TWO DAYS BEFORE  
THE HEARING AND ON THE DAY OF THE HEARING

IF YOUR APPEAL INVOLVES AN ACTION BY ANOTHER AGENCY SUCH AS THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES, YOU MAY OBTAIN A COPY OF THE POSITION STATEMENT AT THE SCHEDULED HEARING.

IMPORTANT INFORMATION

IF YOU CANNOT ATTEND THE HEARING, YOU MAY PHONE US TOLL FREE FROM ANYWHERE IN CALIFORNIA AT 1-800-743-8525 BEFORE YOUR HEARING TO REQUEST A POSTPONEMENT. IF YOUR HEARING INVOLVES FOOD STAMPS, YOU ARE ENTITLED TO ONE POSTPONEMENT AT YOUR REQUEST. IN ALL OTHER CASES, THE POSTPONEMENT WILL BE GRANTED ONLY IF YOU CAN ESTABLISH A GOOD CAUSE FOR THE POSTPONEMENT.

IF YOU FAIL TO ATTEND THE HEARING, YOUR REQUEST FOR HEARING WILL BE CONSIDERED ABANDONED. YOUR APPEAL WILL BE DISMISSED BY WRITTEN DECISION AND AID PAID PENDING, IF ANY, WILL STOP. YOUR APPEAL WILL BE REINSTATED ONLY IF YOU MAKE SUCH A REQUEST WITHIN 15 CALENDAR DAYS FROM THE DATE YOU RECEIVE THE DECISION DISMISSING YOUR HEARING REQUEST AND YOU ESTABLISH A GOOD REASON FOR FAILING TO APPEAR AT THE HEARING. YOU MAY PHONE US TOLL FREE FROM ANYWHERE IN CALIFORNIA AT 1-800-743-8525 TO REQUEST YOUR ABANDONMENT DECISION BE SET ASIDE. AN INTERPRETER WILL BE AVAILABLE AT YOUR HEARING IF YOU INDICATE DIFFICULTY UNDERSTANDING ENGLISH. SEE ENCLOSED INFORMATION.

STATE HEARINGS DIVISION

AR  
Scheduled - To ARXXXXXX, XXXXX  
XXXXXXXXXXXX XXXX XXXX  
XXXXX XXX XXXX XXXX  
XXXXXXX XX XXXXXSTATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
744 P STREET, MS 9-17-37  
SACRAMENTO, CALIFORNIA 95814

DATE: APRIL 07, 2011

THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES HAS RECEIVED A REQUEST FOR A STATE HEARING FROM THE FOLLOWING PERSON:

CASE NUMBER: XXXXXXXX XX/XX

NAME: XXXXXXXX, XXXXX

COUNTY: LOS ANGELES

CASE NAME: XXXXXXXX, XXXXX

ADDRESS: XXXXX XXXXXXXXXXXX XX XXXXX

AID CATEGORY XX

CITY: XXXXXXX XXXXX XX XXXXX

THIS CASE IS SET FOR HEARING ON:

HEARING TIME: XX:XX P.M.

LOCATION: XXX XXXXXXXX XXXX, XXXX XXXX

XXX XXXXXXXX, XXXXX XXXXX

LA COUNTY TO PREPARE AN S O P

HEARING DATE: XXXXX XX, XXXX

AT THIS HEARING YOU MAY SUBMIT A WRITTEN STATEMENT EXPLAINING THE CLAIMANT'S POSITION. YOU SHOULD ALSO BRING ANY PAPERS YOU THINK ARE IMPORTANT. YOU MAY BRING WITNESSES TO TESTIFY OR STATEMENTS FROM PEOPLE WHO CANNOT COME TO THE HEARING. IF THE APPEAL INVOLVES ACTION TAKEN BY THE COUNTY WELFARE DEPARTMENT, YOU OR THE CLAIMANT MAY OBTAIN A COPY OF THE COUNTY'S POSITION STATEMENT BEFORE THE HEARING. THE STATEMENT MAY BE PICKED UP ANY TIME DURING BUSINESS HOURS IN THE TWO WORKING DAYS BEFORE THE DATE OF HEARING. IF THE POSITION STATEMENT IS NOT READY OR IF THE COUNTY CHANGES THE POSITION STATEMENT AFTER GIVING IT TO YOU, YOU HAVE THE RIGHT TO HAVE THE HEARING POSTPONED FOR GOOD CAUSE. THIS MEANS THAT THE HEARING WILL BE RESCHEDULED AND ANY AID PAID PENDING THE CLAIMANT IS RECEIVING WILL BE CONTINUED. YOU MAY PICK UP THE POSITION STATEMENT FROM THE APPEALS WORKER AT:

DISABILITY CASE. SOP WILL BE AVAILABLE AT THE ABOVE HEARING LOCATION TWO DAYS BEFORE THE HEARING AND ON THE DAY OF THE HEARING

IF THE APPEAL INVOLVES AN ACTION BY ANOTHER AGENCY SUCH AS THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES, YOU MAY OBTAIN A COPY OF THE POSITION STATEMENT AT THE SCHEDULED HEARING.

## IMPORTANT INFORMATION

IF YOU CANNOT ATTEND THE HEARING, YOU MAY PHONE US TOLL FREE FROM ANYWHERE IN CALIFORNIA AT 1-800-743-8525 BEFORE YOUR HEARING DATE TO REQUEST A POSTPONEMENT. IF YOUR HEARING INVOLVES FOOD STAMPS, YOU ARE ENTITLED TO ONE POSTPONEMENT AT YOUR REQUEST. IN ALL OTHER CASES, THE POSTPONEMENT WILL BE GRANTED ONLY IF YOU CAN ESTABLISH A GOOD CAUSE FOR THE POSTPONEMENT.

IF YOU OR THE CLAIMANT FAIL TO ATTEND THE HEARING, THE REQUEST FOR HEARING WILL BE CONSIDERED ABANDONED. THE CLAIMANT'S APPEAL WILL BE DISMISSED BY WRITTEN DECISION, AND AID PAID PENDING, IF ANY, WILL STOP. THE APPEAL WILL BE REINSTATED ONLY IF YOU MAKE SUCH A REQUEST WITHIN 15 CALENDAR DAYS FROM THE DATE YOU RECEIVE THE DECISION DISMISSING THE HEARING REQUEST AND YOU ESTABLISH A GOOD REASON FOR FAILING TO APPEAR AT THE HEARING. YOU MAY PHONE US TOLL FREE FROM ANYWHERE IN CALIFORNIA AT 1-800-743-8525 TO REQUEST THE ABANDONMENT DECISION BE SET ASIDE. AN INTERPRETER WILL BE AVAILABLE AT THE HEARING IF YOU OR THE CLAIMANT INDICATE DIFFICULTY UNDERSTANDING ENGLISH. SEE ENCLOSED INFORMATION.

STATE HEARINGS DIVISION



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
P.O. BOX 944243, MS 9-17-37  
SACRAMENTO, CA 94244-2430

ACKNOWLEDGMENT LETTERS A.R. #4  
APRIL 07, 2011

CASE NUMBER: XXXXXXXX

01/00

*To claim  
w/ AR*

CASE NAME: XXXXXXXX, XXXXXXXX X  
XXXXXX XXXXXXXXXX XXX XX  
XXXXXXX XX XXXXX

YOUR REQUEST FOR A STATE HEARING HAS BEEN RECEIVED.  
THE HEARING WILL BE SCHEDULED AT THE EARLIEST POSSIBLE DATE.

YOU WILL BE NOTIFIED OF THE EXACT TIME, DATE AND LOCATION OF  
YOUR HEARING AT LEAST 10 DAYS PRIOR TO THE HEARING DATE.

IF YOU MOVE, YOU MUST INFORM THE STATE HEARINGS DIVISION AT THE ABOVE  
ADDRESS, OR YOU MAY CALL 1-800-743-8525 TO REPORT YOUR NEW ADDRESS.  
FAILURE TO PROVIDE THE CORRECT ADDRESS MAY RESULT IN THE LOSS OF YOUR  
HEARING RIGHTS. INFORMATION ABOUT HOW TO GET A SUBPOENA OR SUBPOENA  
DUCES TECUM CAN BE FOUND IN THE ENCLOSED PUB 412.

STATE HEARINGS DIVISION

ALSO NOTIFIED: AUTHORIZED REPRESENTATIVE:

XXXXXX-XXXXXXX, XXXXXX  
XXXXXXX  
XXXX XXXXXXXX XXX  
XXX XXXXXXXX XX XXXXX

SE HA RECIBIDO SU SOLICITUD PARA UNA AUDIENCIA CON EL ESTADO.  
LA AUDIENCIA SE PROGRAMARA LO MAS PRONTO POSIBLE.

SE LE NOTIFICARA LA INFORMACION EXACTA SOBRE LA HORA, FECHA Y LUGAR  
DE LA AUDIENCIA AL MENOS 10 DIAS ANTES DE LA FECHA DE LA AUDIENCIA.

SI CAMBIA DE DIRECCION, TIENE QUE REPORTAR SU NUEVA DIRECCION A LA  
DIVISION DE AUDIENCIAS ESTATALES A LA DIRECCION QUE APARECE EN  
ESTA CARTA O PUEDE LLAMAR AL TELEFONO 1-800-743-8525. EL NO  
PROPORCIONAR LA DIRECCION CORRECTA PUDIERA RESULTAR EN LA PERDIDA  
DE SUS DERECHOS EN RELACION A LA AUDIENCIA. INFORMACION SOBRE COMO  
OBTENER UN CITATORIO (SUBPOENA, SUBPOENA DUCES TECUM) APARECE EN LA  
PUBLICACION ADJUNTA, PUB 412.

DIVISION DE AUDIENCIAS ESTATALES

TAMBIEN NOTIFICADO: REPRESENTANTE AUTORIZADO:

XXXXXX-XXXXXXX, XXXXXX  
XXXXXXX  
XXXX XXXXXXXX XXX  
XXX XXXXXXXX XX XXXXX

*need language*

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
P.O. BOX 944243, MS 9-17-37  
SACRAMENTO, CA 94244-2430

ACKNOWLEDGMENT LETTERS A.R. #4  
APRIL 07, 2011

CASE NUMBER: XXXXXXXXX

01/00

TO A/R

XXXXXX-XXXXXX, XXXXX  
XXXXXX  
XXXX XXXXXXX XXX  
XXX XXXXXXX XX XXXXX

THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES HAS RECEIVED A  
REQUEST FOR STATE HEARING FROM THE FOLLOWING PERSON:

XXXXXXX, XXXXXXXXX  
XXXXX XXXXXXXXXX XXX XX  
XXXXXXX XX XXXXX

THE CLAIMANT HAS DESIGNATED YOU TO ACT AS AN AUTHORIZED REPRESENTATIVE  
AT THE HEARING. YOU WILL BE NOTIFIED OF THE EXACT TIME, DATE AND  
LOCATION OF THIS HEARING AT LEAST 10 DAYS PRIOR TO THE HEARING DATE.

IF YOU OR THE CLAIMANT MOVE, YOU SHOULD INFORM THE STATE HEARINGS  
DIVISION AT THE ABOVE ADDRESS OR YOU MAY CALL 1-800-743-8525 TO REPORT  
THE NEW ADDRESS(ES). FAILURE TO PROVIDE THE CORRECT ADDRESS MAY RESULT  
IN THE LOSS OF THE CLAIMANT'S HEARING RIGHTS. INFORMATION ABOUT HOW TO  
GET A SUBPOENA OR SUBPOENA DUCES TECUM CAN BE FOUND IN THE ENCLOSED  
PUB 412.

STATE HEARINGS DIVISION

EL DEPARTAMENTO DE SERVICIOS SOCIALES DE CALIFORNIA HA RECIBIDO UNA  
SOLICITUD DE LA SIGUIENTE PERSONA PARA UNA AUDIENCIA CON EL ESTADO:

XXXXXXX, XXXXXXX X  
XXXXX XXXXXXXXXX XX. XX  
XXXXXXX XX XXXXX

EL RECLAMANTE LO HA DESIGNADO A USTED PARA QUE ACTUE COMO REPRESENTANTE  
AUTORIZADO EN ESTA AUDIENCIA. AL MENOS 10 DIAS ANTES DE LA A AUDIENCIA,  
SE LE NOTIFICARA SOBRE LA HORA, FECHA Y LUGAR EXACTOS EN QUE SE  
LLEVARA A CABO DICHA AUDIENCIA.

SI USTED O EL RECLAMANTE CAMBIAN DE DIRECCION, DEBEN INFORMAR A LA  
DIVISION DE AUDIENCIAS ESTATALES A LA DIRECCION QUE APARECE EN ESTA  
CARTA O PUEDEN LLAMAR AL 1-800-743-8525 PARA REPORTAR LA NUEVA  
DIRECCION. EL NO PROPORCIONAR LA DIRECCION CORRECTA PUDIERA RESULTAR EN  
LA PERDIDA DE LOS DERECHOS PARA UNA AUDIENCIA DEL RECLAMANTE.  
INFORMACION SOBRE COMO OBTENER UN CITATORIO (SUBPOENA, SUBPOENA DUCES  
TECUM) APARECE EN LA PUBLICACION ADJUNTA, PUB 412.

DIVISION DE AUDIENCIAS ESTATALES

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
P.O. BOX 944243, MS 9-17-37  
SACRAMENTO, CA 94244-2430

ACKNOWLEDGMENT LETTERS #4  
APRIL 07, 2011

CASE NUMBER: XXXXXXXX

01/00

no A/R

TO claim

CASE NAME: XXXXXXXX, XXXX X  
XXXX XXXXXXXX XXX  
XXXXXXXXXX XX XXXXX

YOUR REQUEST FOR A STATE HEARING HAS BEEN RECEIVED.  
THE HEARING WILL BE SCHEDULED AT THE EARLIEST POSSIBLE DATE.

YOU WILL BE NOTIFIED OF THE EXACT TIME, DATE AND LOCATION OF  
YOUR HEARING AT LEAST 10 DAYS PRIOR TO THE HEARING DATE.

IF YOU MOVE, YOU MUST INFORM THE STATE HEARINGS DIVISION AT THE ABOVE  
ADDRESS, OR YOU MAY CALL 1-800-743-8525 TO REPORT YOUR NEW ADDRESS.  
FAILURE TO PROVIDE THE CORRECT ADDRESS MAY RESULT IN THE LOSS OF YOUR  
HEARING RIGHTS. INFORMATION ABOUT HOW TO GET A SUBPOENA OR SUBPOENA  
DUCES TECUM CAN BE FOUND IN THE ENCLOSED PUB 412.

STATE HEARINGS DIVISION

SE HA RECIBIDO SU SOLICITUD PARA UNA AUDIENCIA CON EL ESTADO.  
LA AUDIENCIA SE PROGRAMARA LO MAS PRONTO POSIBLE.

SE LE NOTIFICARA LA INFORMACION EXACTA SOBRE LA HORA, FECHA Y LUGAR  
DE LA AUDIENCIA AL MENOS 10 DIAS ANTES DE LA FECHA DE LA AUDIENCIA.

SI CAMBIA DE DIRECCION, TIENE QUE REPORTAR SU NUEVA DIRECCION A LA  
DIVISION DE AUDIENCIAS ESTATALES A LA DIRECCION QUE APARECE EN  
ESTA CARTA O PUEDE LLAMAR AL TELEFONO 1-800-743-8525. EL NO  
PROPORCIONAR LA DIRECCION CORRECTA PUDIERA RESULTAR EN LA PERDIDA  
DE SUS DERECHOS EN RELACION A LA AUDIENCIA. INFORMACION SOBRE COMO  
OBTENER UN CITATORIO (SUBPOENA, SUBPOENA DUCES TECUM) APARECE EN LA  
PUBLICACION ADJUNTA, PUB 412.

DIVISION DE AUDIENCIAS ESTATALES